## FEC FORM 9 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

| . Individual, Organization or Qualified Nonpro                                                                                                                   | fit Corporation Making the Disbur     | sement/Obligations              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------|
| (a) Name<br>Alliance For A New America                                                                                                                           |                                       |                                 |
| (b) Address (number and street)                                                                                                                                  |                                       | 2. FEC Identification Number    |
| (c) City, State and ZIP Code<br>Alexandria                                                                                                                       | · · · · · · · · · · · · · · · · · · · |                                 |
| (d) Name of Employer or Principal Place of Business                                                                                                              | (e) Occupation                        | n                               |
| New  Is This Statement or Amended                                                                                                                                | 4. Covering Period                    | ' 06 ' 2007 ' through ' 27077 ' |
|                                                                                                                                                                  | 2 <sup>°</sup> 6                      | ication Title PRICE             |
| . Is the Filer a Qualified Nonprofit Corporation                                                                                                                 | n under 11 CFR 114.10(c)?             | Yes No X                        |
| . Were the disbursements for the electioneeri from donations to a segregated bank accou                                                                          |                                       | vely Yes X No No                |
| . Custodian of Records (a) Name Katherine M Buchanan                                                                                                             |                                       |                                 |
| (b) Address (number and street) PO Box 174                                                                                                                       |                                       |                                 |
| (c) City, State and ZIP Code                                                                                                                                     |                                       |                                 |
| Alexandria                                                                                                                                                       | VA 22313                              |                                 |
| (d) Name of Employer or Principal Place of Business                                                                                                              | (e) Occupation                        | nn                              |
| . Total Donations This Statement                                                                                                                                 |                                       | 1661121.00                      |
| 0.Total Disbursements/Obligations This State                                                                                                                     | ment                                  | 1659598.77                      |
| Under penalty of perjury, I certify that this statement is true, c communications reported herein were made by a corporation under the Commission's regulations. |                                       |                                 |
| TYPE OR PRINT NAME OF PERSON COMPLETING FOR                                                                                                                      | Katherine M Buchanan                  |                                 |
| SIGNATURE                                                                                                                                                        | DATE12/2                              | 27/2007                         |